

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24177

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 3036
City St. Charles (No. 119 Washington)

File No. 118
Registered No. 118 St. Washington Ward

2. FULL NAME

(a) Residence, No. 119 Washington St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mount Phelps 1309 W. 5th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE July 5 1933

19. UNDERTAKER (ADDRESS) W. H. Allen 400 N. 4th St.

20. FILED 7/3 1933 W. H. Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from viewed the remains 1933

I last saw him alive on July 2nd 1933 Death is said

to have occurred on the date stated above, at 2.0 m.

The principal cause of death and related causes of importance were as follows:

Natural causes
(Cerebral)
July 2nd 1933

Other contributory causes of importance:

none determined

Name of operation none Date of none

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) W. H. Allen M.D.

(Address) St. Charles Mo

Coroner of St. Charles Co.

